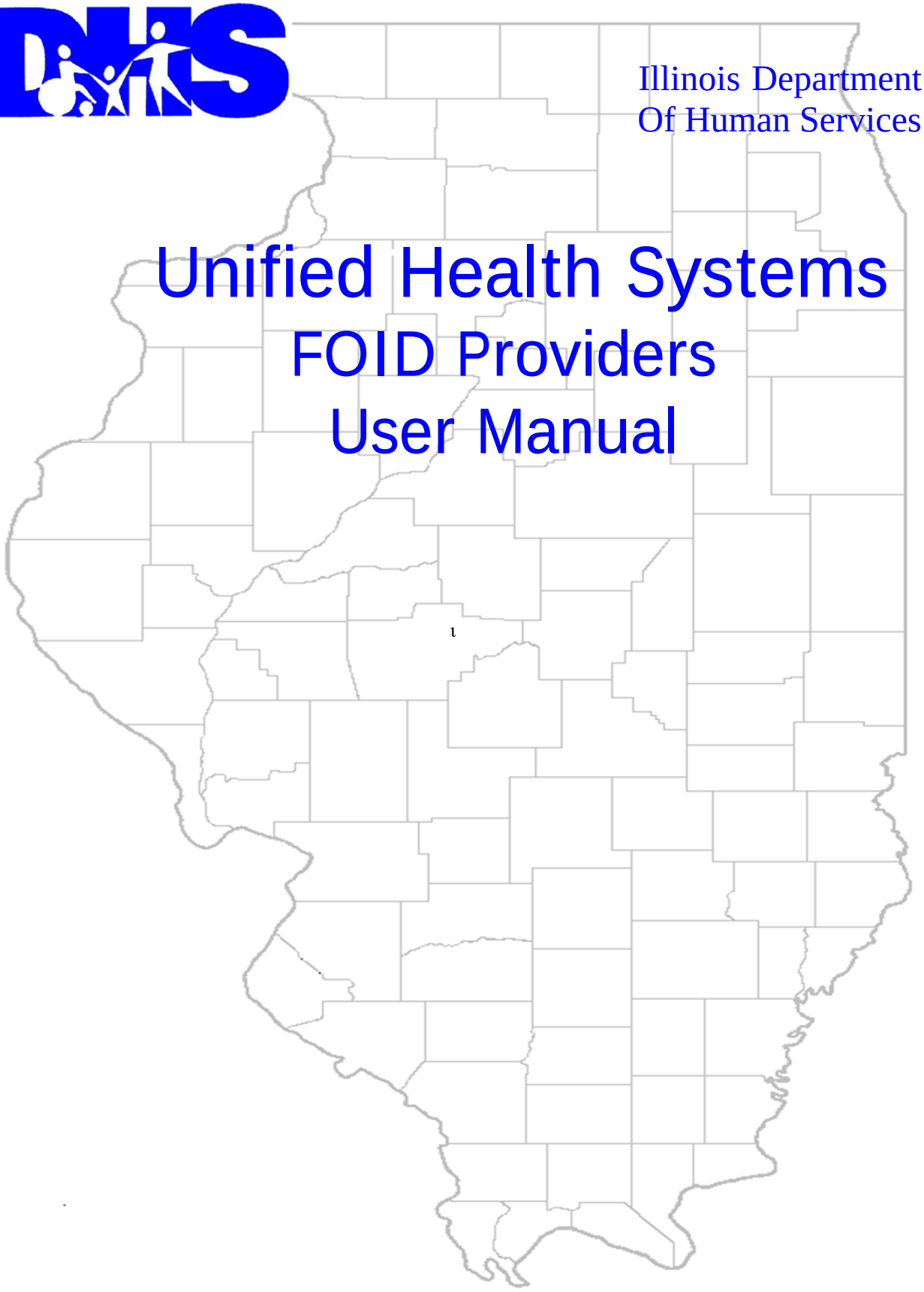
Illinois Department
Of Human Services

Unified Health Systems
FOID Providers
User Manual



UNIFIED HEALTH SYSTEMS
FOID PROVIDER USER MANUAL

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UNIFIED HEALTH SYSTEMS
FOID PROVIDER USER MANUAL

Illinois Department of Human Services
Management of Information Services

Unified Health Systems (UHS)
FOID Reporting System

ID and Password Information

ID Information

Access to the FOID Reporting System web-based application requires assignment of an ID and Password by the DHS MIS Bureau of Security and Quality Assurance (BSQA).

Password Standards:
The first time an ID is used, the temporary password is set to a randomly generated alphanumeric value, such as 'u8stmg5e'. The user will be required to change the password at this time. The password must be at least eight characters and no more than sixteen characters in length, alphanumeric with no special characters. There must be a minimum of four alpha characters and two numeric characters with no more than two characters repeated. The password is not case sensitive; however it is suggested to always use lower case. The password MUST be changed every 30 days to keep it active.

Contact Information for TAM Password Assistance:

E-Mail: Roger.A.Williams@illinois.gov

Contact Information for other Password Assistance (i.e. RACF):

E-Mail: Michael.Goza@illinois.gov

Unified Health Systems Information

Instructions for accessing the DHS Unified Health Systems FOID Application:

To access the FOID Reporting Systems application, enter the following address into your Internet browser address line. The instruction manual is available through the system Help option.

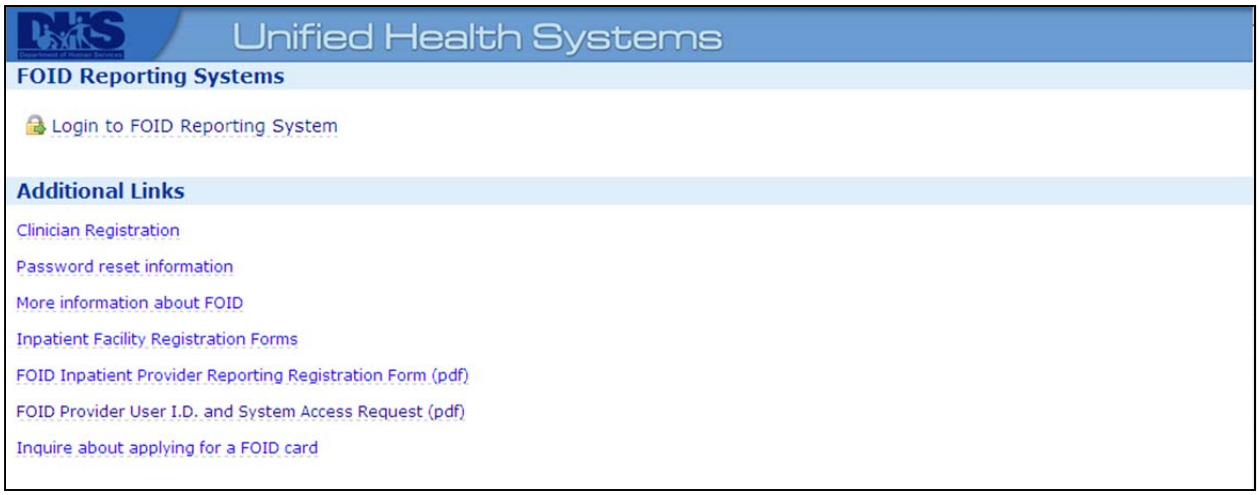
https://foid.dhs.illinois.gov/foidsecure/foidapp

Contact Information for Application Technical Assistance:

DHS.FOID@illinois.gov

INTRODUCTION

FOID data is reported to the Department of Human Services via the Unified Health Systems FOID Reporting System either thru direct input of each admission/event (refer to Section 2.3, Add Admission/Event) or by the submission of a batch file containing multiple admissions/events (refer to Section 2.4, Submit Admission/Event File). Requirements for the batch files can be found in Section 4, Batch Submission Requirements.

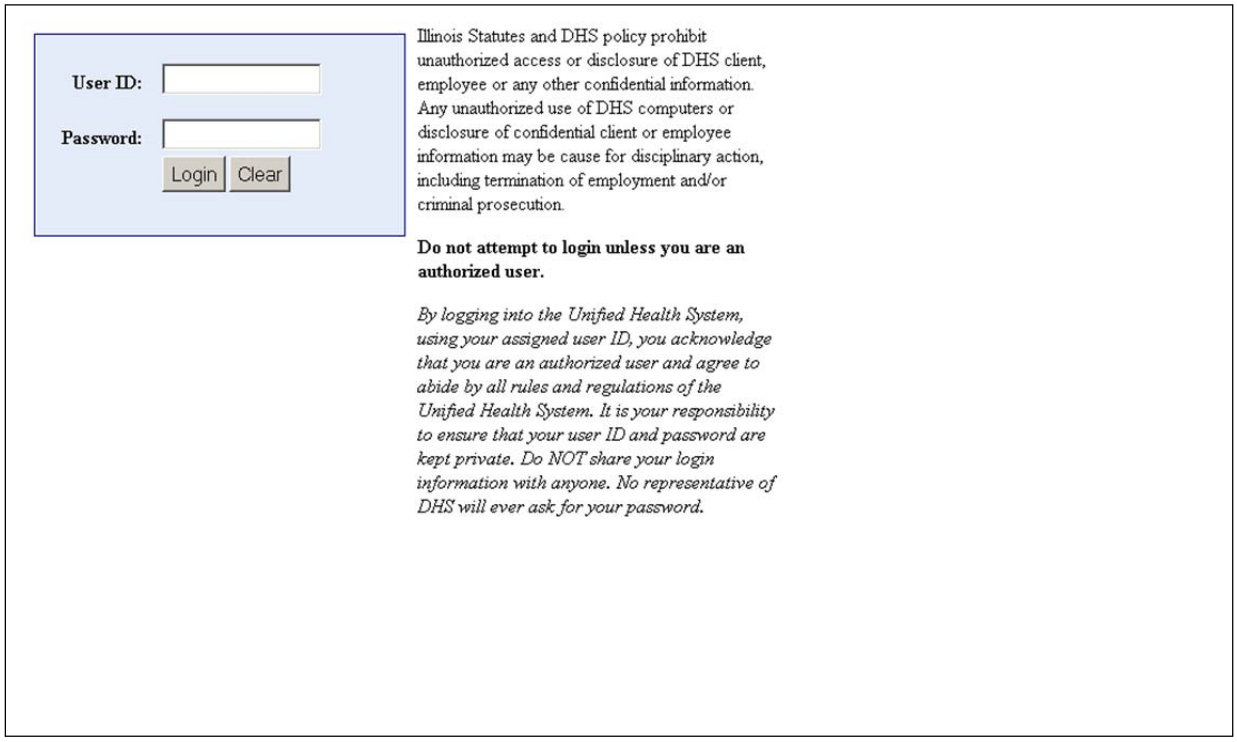

Unified Health Systems
FOID Reporting Systems
Login to FOID Reporting System
Additional Links
Clinician Registration
Password reset information
More information about FOID
Inpatient Facility Registration Forms
FOID Inpatient Provider Reporting Registration Form (pdf)
FOID Provider User I.D. and System Access Request (pdf)
Inquire about applying for a FOID card

The Unified Health Systems FOID application may be accessed by entering the URL https://foid.dhs.illinois.gov/foidpublic/foid in the address line of your browser.

This is the first page that the user will see once they have accessed the Unified Health Systems FOID application. This page contains a link to access the FOID Reporting System and links to access the Clinician online registration and Inpatient Facility Registration Forms. The Registration Forms are for Inpatient Facilities who have not as yet registered and received their User ID and Password to access the system. The Clinician online registration allows a Clinician to register online and receive a User ID and temporary password which will allow reporting of events. There is also a link to access the Illinois State Police website for anyone wanting to apply for a FOID Card and a link to obtain more information about FOID. There is also a link to access Password Reset information.

NOTE: All users must be registered and have a valid User ID and a valid email address to access the system. Passwords must be changed once every 30 days.

INTRODUCTION – continued


User ID:
Password:
Login
Clear
Illinois Statutes and DHS policy prohibit unauthorized access or disclosure of DHS client, employee or any other confidential information. Any unauthorized use of DHS computers or disclosure of confidential client or employee information may be cause for disciplinary action, including termination of employment and/or criminal prosecution.
Do not attempt to login unless you are an authorized user.
By logging into the Unified Health System, using your assigned user ID, you acknowledge that you are an authorized user and agree to abide by all rules and regulations of the Unified Health System. It is your responsibility to ensure that your user ID and password are kept private. Do NOT share your login information with anyone. No representative of DHS will ever ask for your password.

This page will be displayed when *"Login to FOID Reporting System"* was selected on the previous screen.

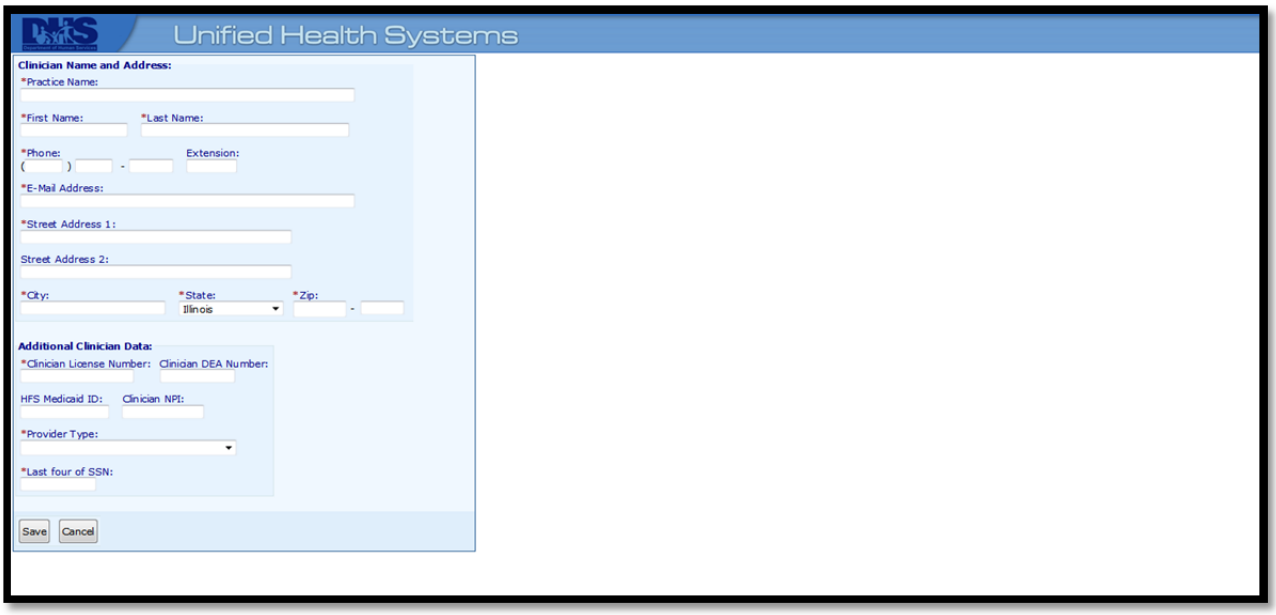
1. A Registered user should type in his/her Unified Health Systems User ID.

2. After entry of a valid User ID, the Unified Health Systems prompts the user for a "Password". The user should type in his/her unique password. When the password is entered, it will not be visible.

    - The user must not login to the Unified Health Systems again, unless the user has followed the logout procedures. The user should only have one active session of Unified Health Systems running at a time. The user will be logged out of the system after 30 minutes of inactivity.

3. The user must select ***"Login"***. The Unified Health Systems FOID Home Page will be displayed.

CLINICIAN REGISTRATION



When **Clinician Registration** was selected from the Unified Health Systems Login page the above page will be displayed.

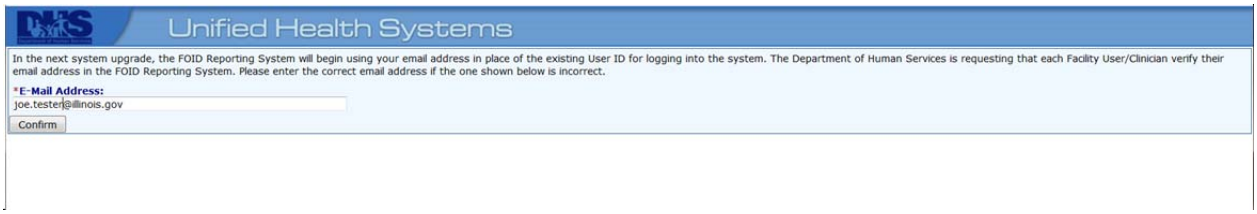
Fields marked with an asterisk (*) are required fields but it is recommended to fill in all information that is available. The *Provider Type* is to be selected from the drop down list consisting of; *Clinical Psychologist, Clinical Social Worker, Licensed Clinical Professional Counselor, Licensed Marriage and Family Therapist, Physician, Psychiatrist and Registered Nurse.* The last four digits of the reporting Clinician's social security number are also required.

Select ***Save*** to save the information to the system. The system will then display the screen containing the generated User ID. A Password will be sent to the e-mail address specified on the Clinician Registration form. After the e-mail has been received containing the User ID and Password, click on the link "*Click here to login".* The system will then return to the Login screen where the new User ID and Password may be entered.

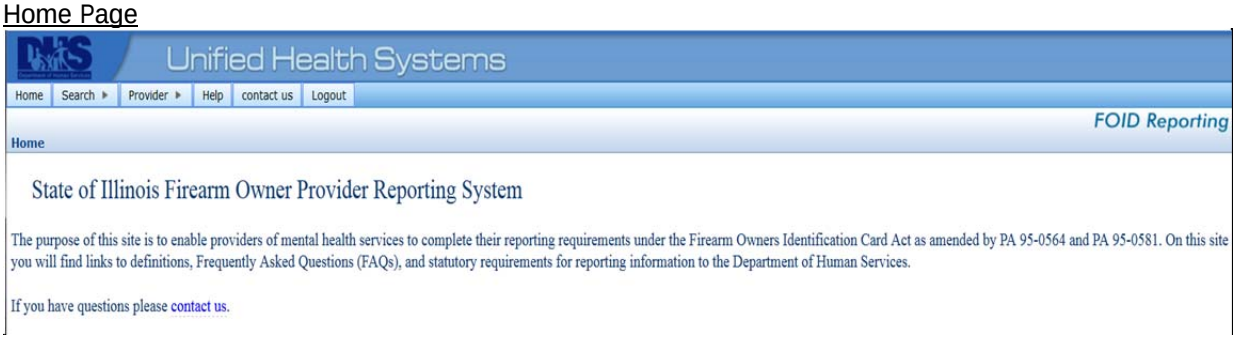
Unified Health Systems
The following is your User ID for the system. Your password will be sent to you in an email.Click here to login.
User ID
HS400046

HOME PAGE

The **Home** Page is displayed after entering a User ID and Password and logging into the Unified Health Systems. The email confirmation is only displayed the first time a user logs into the updated FOID System. If the email address is correct click on *Confirm,* otherwise correct the email address and click on *Confirm*.


Unified Health Systems
In the next system upgrade, the FOID Reporting System will begin using your email address in place of the existing User ID for logging into the system. The Department of Human Services is requesting that each Facility User/Clinician verify their email address in the FOID Reporting System. Please enter the correct email address if the one shown below is incorrect.
*E-Mail Address:
joe.tester@illinois.gov
Confirm

Home Page


Unified Health Systems
Home
Search
Provider
Help
contact us
Logout
FOID Reporting
Home
State of Illinois Firearm Owner Provider Reporting System
The purpose of this site is to enable providers of mental health services to complete their reporting requirements under the Firearm Owners Identification Card Act as amended by PA 95-0564 and PA 95-0581. On this site you will find links to definitions, Frequently Asked Questions (FAQs), and statutory requirements for reporting information to the Department of Human Services.
If you have questions please contact us.

This manual was written to encompass information for three types of users, **Primary Contact** for a provider as well as an **Authorized User** (user authorized by a Provider to enter and submit event information) for the provider and **individual Clinician** reporting (a Clinician who assesses the client and submits their own reporting). Unless otherwise specified for a particular type of user the information in this manual will pertain to all types of users.

The Menu Bar contains buttons for ***Home, Search, Provider, Help, contact us*** and ***Logout***. The ***Home*** button will return the User to the above page from any point in the system.

The **Primary Contact** and **Authorized User** will have access to the following: the ***Search*** button is a drop down containing an *Admission Search, Deleted Admissions Search, Admissions With No Discharges Search* and *List of Admission Submissions* options. The ***Provider*** button will access a drop down list with *Update User Info, Update Provider Info* (only Primary Contact), *Add Admission, Submit Admission file, Nothing to Report* and *List of Users*. (The **Primary Contact** for the provider will not have access to *Add Admission* and *Submit Admission File*. An "Authorized User" for the Provider will not have access to *Update Provider Info and List of Users*.)

The **individual Clinician** will have access to the following: the ***Search*** button is a drop down containing an *Event Search, Deleted Events Search* and *List of Event Submissions* options. The ***Provider*** button will access a drop down list with *Update User Info, Update Provider Info* and *Add Event.*

All Users will have access to the ***Help*** button which will access a screen containing a link to access a FOID Documentation page containing the manual, FAQ's and other pertinent information. ***Contact Us*** will submit an email to DHS.FOID@illinois.gov. ***Logout*** will log the user out of the system.

SECTION 1 – SEARCH

1.1 Admission/Event Search

This screen is used by all users to search for Admissions or Events. The tabs on the display screen above will indicate what a user will see when logged in. The **Admission/Event Search** page is displayed after selecting ***Search*** from the menu bar and then selecting *Admission/Event Search* from the drop down list. A search is to be implemented to view information for a specific admission/event that was previously entered. A search may be conducted by entering any field or combination of fields to limit the search results. When a search is to be implemented on *Last Name* or *First Name* a *"Search Type"* may be selected for *Begins With, Sounds Like* or *Exact Match.* A broad search may be conducted by searching for a particular *Gender*. A **Primary Contact** or **Authorized User** may also conduct a search using *Admission Date.*

After search criteria has been entered click on ***Search*** to locate an event or ***Clear*** to remove the search criteria.

The ID for the User logged into the System is displayed at the bottom of each screen.

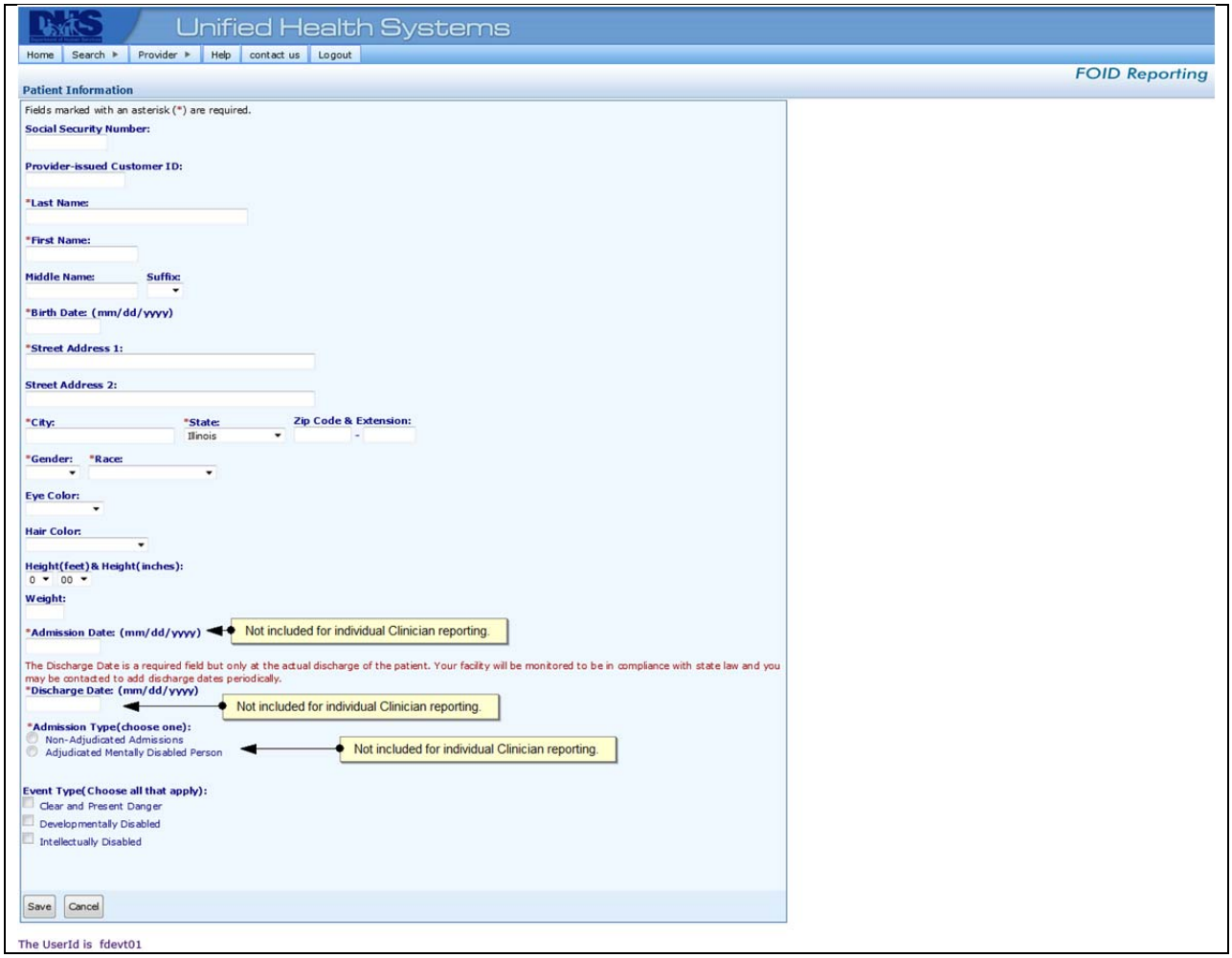
1.1 Admission/Event Search – continued

When it has been determined that the admission/event does not exist in the system the **Admission/Event Search** page will be displayed with the message *"No matches were found for your search"*. A new search may be conducted by entering different criteria and clicking on ***Search*** to search for another admission/event.

1.1 Admission/Event Search – continued

When a search criterion was entered and a match found the above page will be displayed with a list of the admission(s)/event(s) matching the criteria. The Search Results show *Customer Name, Customer ID, Birth Date, Gender, Admission Date* (if record was entered by an **Authorized User**)*, Reporting Provider* and *Reporting Provider City.* The *Customer Name* is a hyperlink which can be clicked on to view the specific individual admission/event information on the **Patient Information** page.

1.2 Patient Information



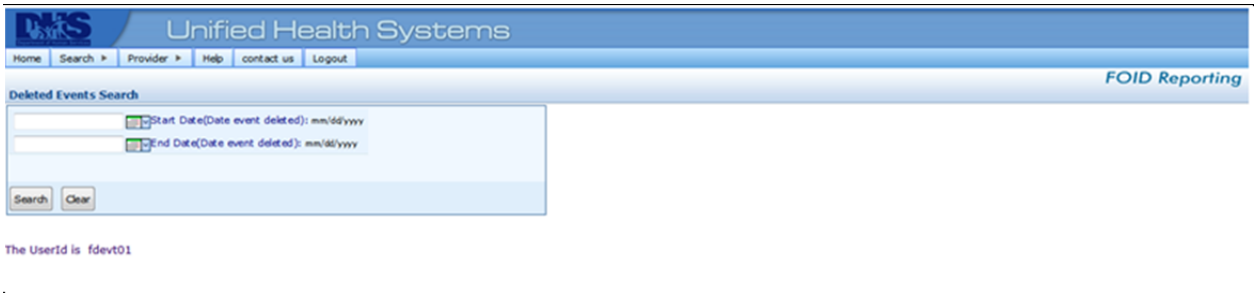
This page is displayed after an *Admission/Event Search* has been conducted and an individual admission/event was selected from the Search Results list. If information is to be updated make the change(s) and click on ***Save*** to save the changes to this record or ***Cancel*** to return to the **Admission/Event Search** screens. When Social Security Number is entered, do not include the dashes. A *Discharge Date* is required ONLY at the actual discharge of the client when reported by an inpatient provider.

If the admission/event is to be deleted a *"Reason for deleting this record"* comment must be entered. After the comment has been entered, click on ***Delete*** to remove the admission/event and return to the **Admission/Event Search** screens.

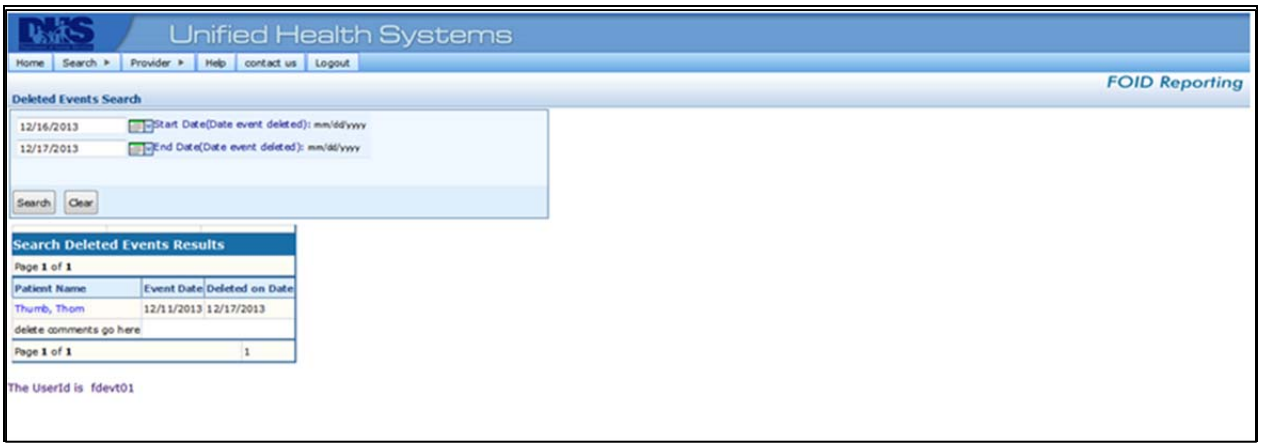
NOTE: When an **individual Clinician** has reported an event the *Admission Date, Discharge Date* and *Admission Type fields* will not be displayed.

1.3 Deleted Admissions/Events Search

Select *Search* and the *Deleted Admissions/Events Search* from the drop down list. The following screen will then be displayed.



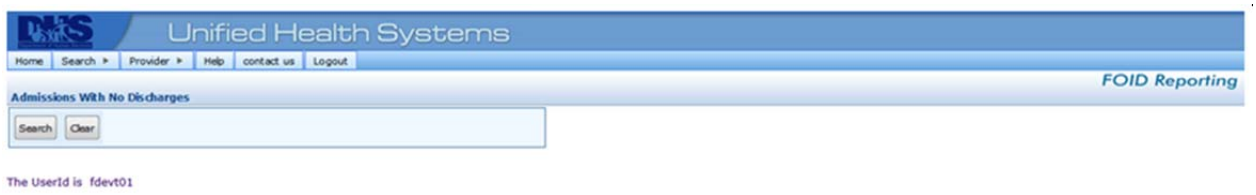
Enter a *Start Date* and an *End Date*. Click on *Search* to create a list of Admissions/Events that were deleted between the start and end date range. The Patient Name is a link that can be selected to display the individual patient information.



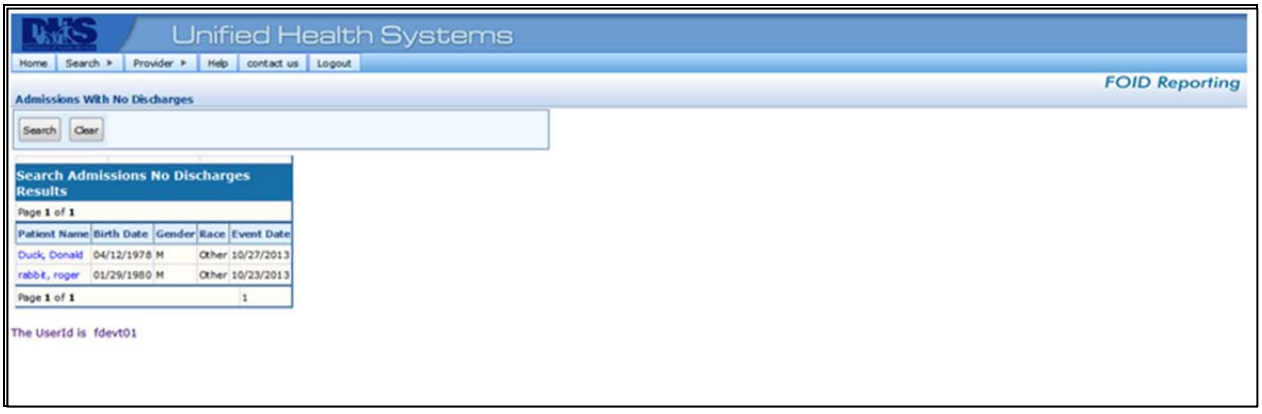
1.4 Admissions With No Discharges Search

(This option not available for individual Clinicians)

Select *Search* and the *Admissions With No Discharges Search* from the drop down list under *Search*. The following screen will then be displayed. Click on *Search* to create a list of all admissions that do not contain a discharge date.



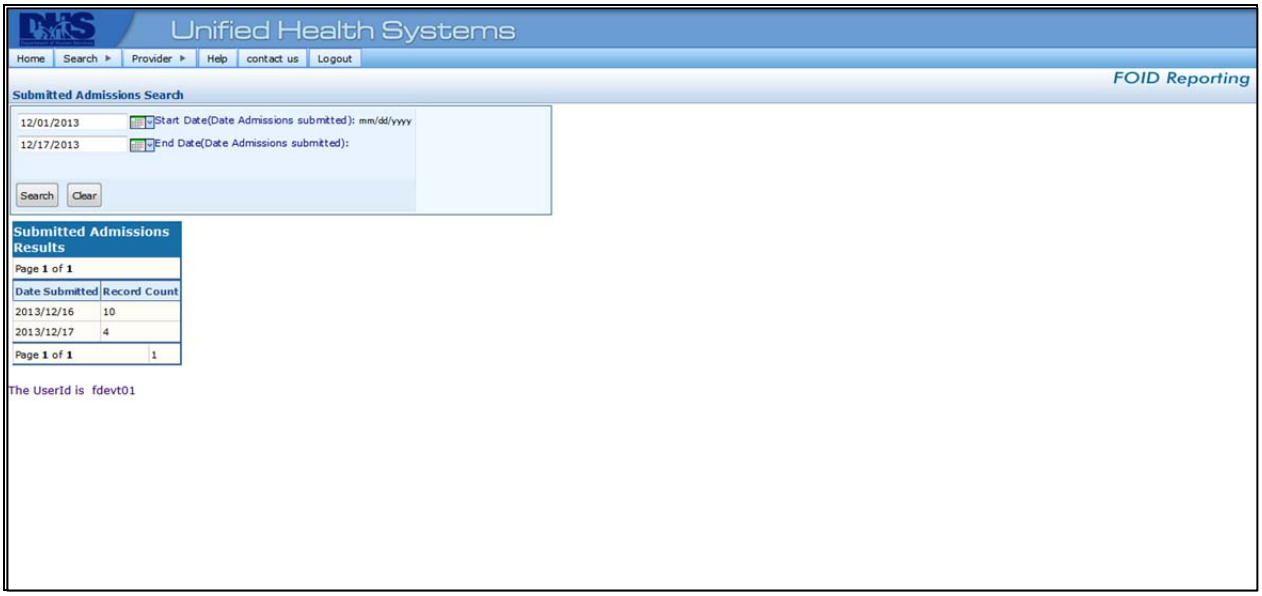
The list contains the Patient Name which is a link that can be selected to display the individual admission information. A discharge date can then be entered for the admission. Messages will be displayed to verify that you are ready to update the record and also after the record has been successfully updated.



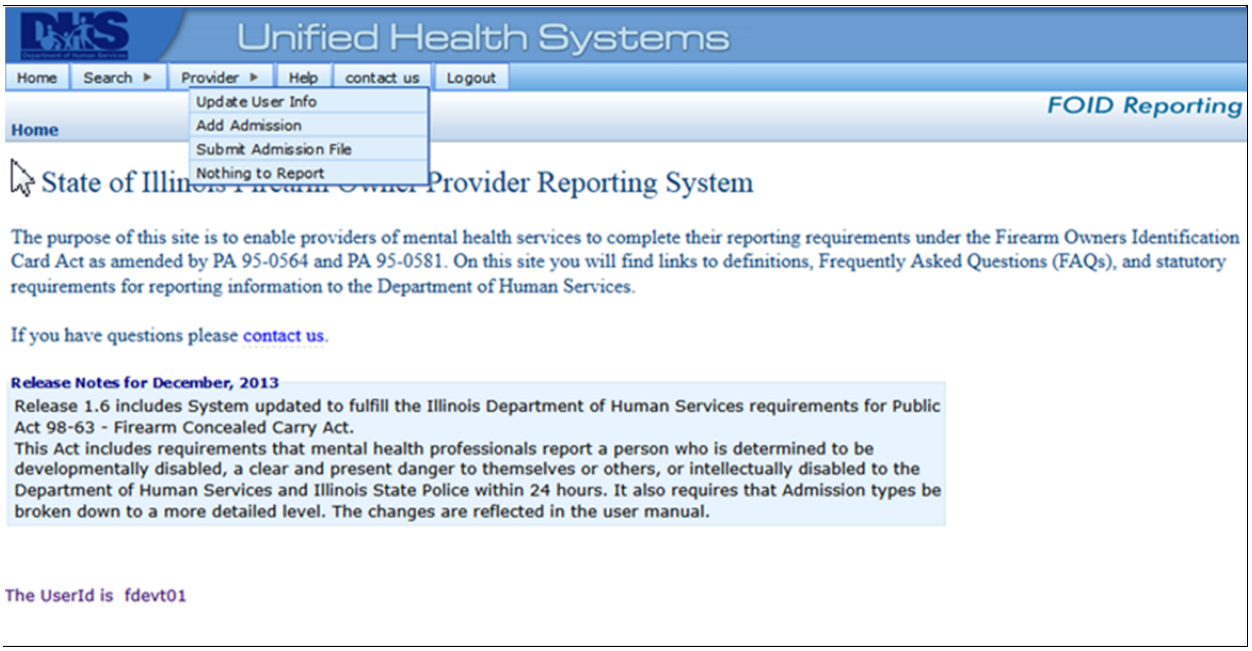
1.5 List of Admission/Event Submissions

The **Submitted Admissions/Events Search** is an option to list the count of records submitted for specific submittal dates. This option will be most helpful for those facilities which are submitting their admissions in a batch file. Select *Search* and the *List of Admission/Events Submissions* from the drop down list under *Search*. The following screen will then be displayed. (When logged in as an individual Clinician this screen will say *Submitted Events Search.*)

Enter a Start Date and an End Date. Click on *Search* to create a list of dates that were submitted between the start date and end date ranges with a record count for each submittal date.



SECTION 2 - PROVIDER


Unified Health Systems
Home
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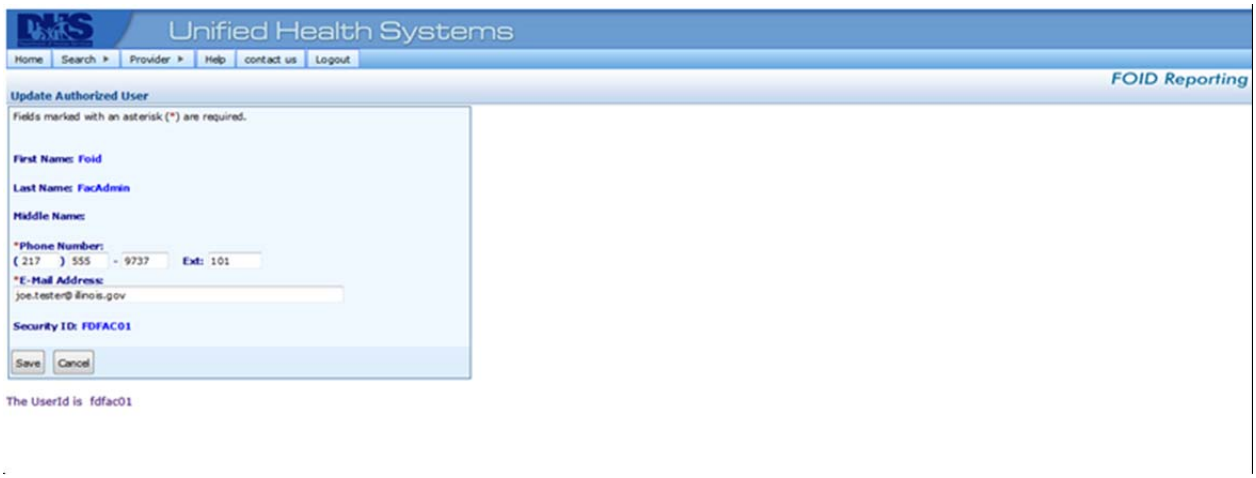
Provider
Help
contact us
Logout
Update User Info
Add Admission
Submit Admission File
Nothing to Report
FOID Reporting
Home
Provider Reporting System
The purpose of this site is to enable providers of mental health services to complete their reporting requirements under the Firearm Owners Identification Card Act as amended by PA 95-0564 and PA 95-0581. On this site you will find links to definitions, Frequently Asked Questions (FAQs), and statutory requirements for reporting information to the Department of Human Services.
If you have questions please contact us.
Release Notes for December, 2013
Release 1.6 includes System updated to fulfill the Illinois Department of Human Services requirements for Public Act 98-63 - Firearm Concealed Carry Act.
This Act includes requirements that mental health professionals report a person who is determined to be developmentally disabled, a clear and present danger to themselves or others, or intellectually disabled to the Department of Human Services and Illinois State Police within 24 hours. It also requires that Admission types be broken down to a more detailed level. The changes are reflected in the user manual.
The UserId is fdevt01

The above drop down listing will vary depending on the user of the system. The **Authorized User** and **Primary Contact** users will see the above listing. The **Primary Contact** will also have an option for *Update Provider Info.*

When logged in as an **individual Clinician** the drop down listing will contain *Update User, Update Provider* and *Add Event* options.

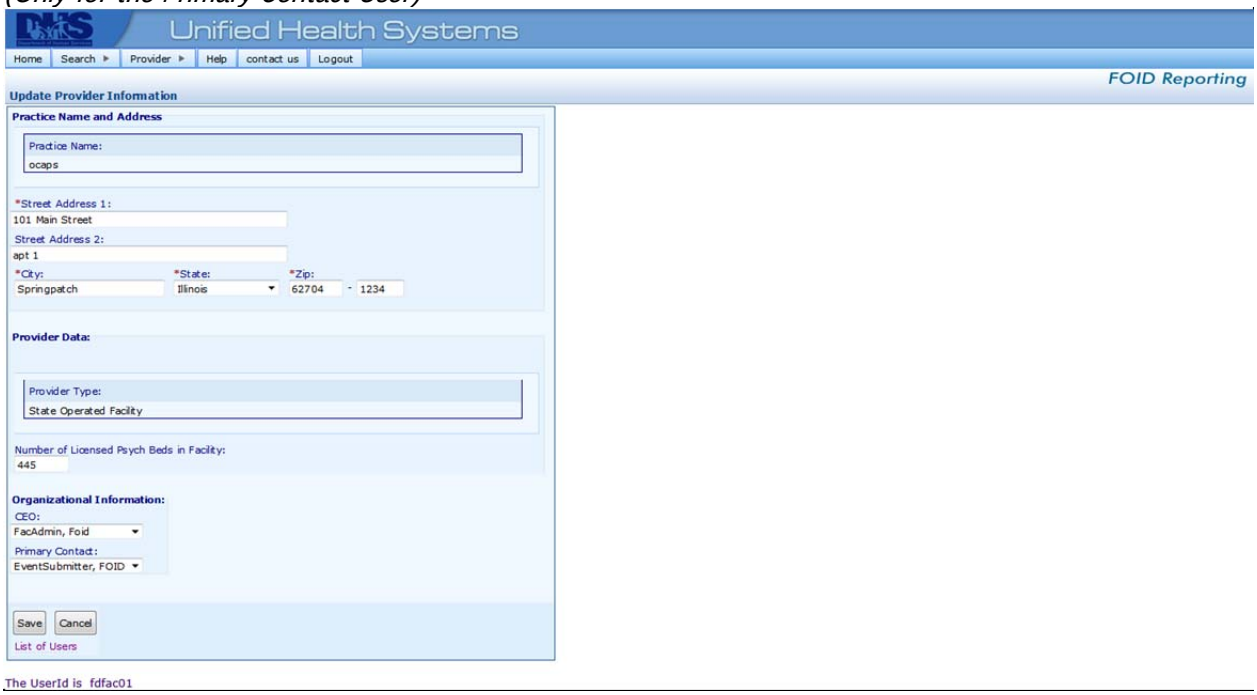
2.1 Update User Info



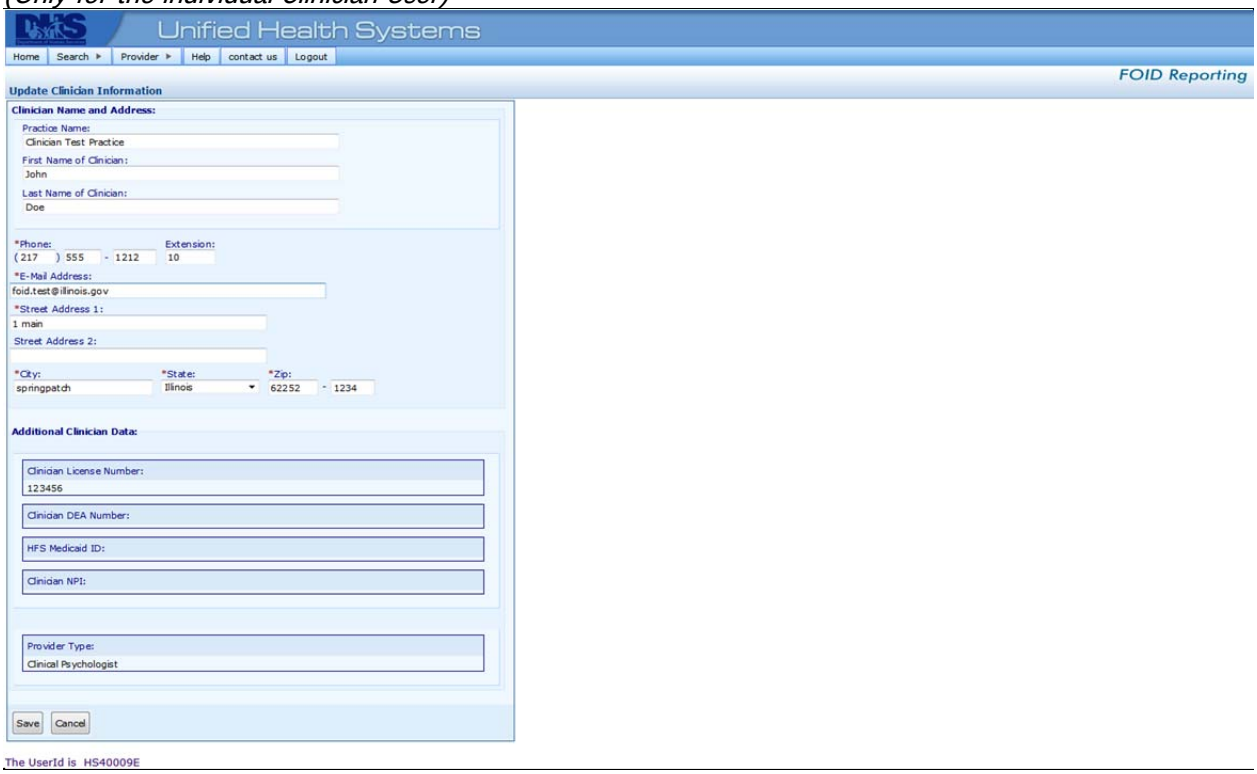
The **Update Authorized User** page is displayed after selecting ***Provider*** from the menu bar and then selecting *Update User Info* from the drop down list. The only fields which can be updated are *Phone Number/extension* and *E-mail Address.* Update the appropriate information and click on ***Save*** to save the updated information or ***Cancel*** to return to the **Home Page** and not save any changes.

2.2 Update Provider Info

(Only for the Primary Contact User)



(Only for the individual Clinician User)



***Screen descriptions on the following page.

2.2 Update Provider Info – continued

The **Update Provider/Clinician Information** pages are displayed after selecting ***Provider*** from the menu bar and then selecting *Update Provider Info* from the drop down list.

When logged in as a provider changes can only be made to the *address, Number of Licensed Psych Beds in the Facility, CEO* and *Primary Contact.*

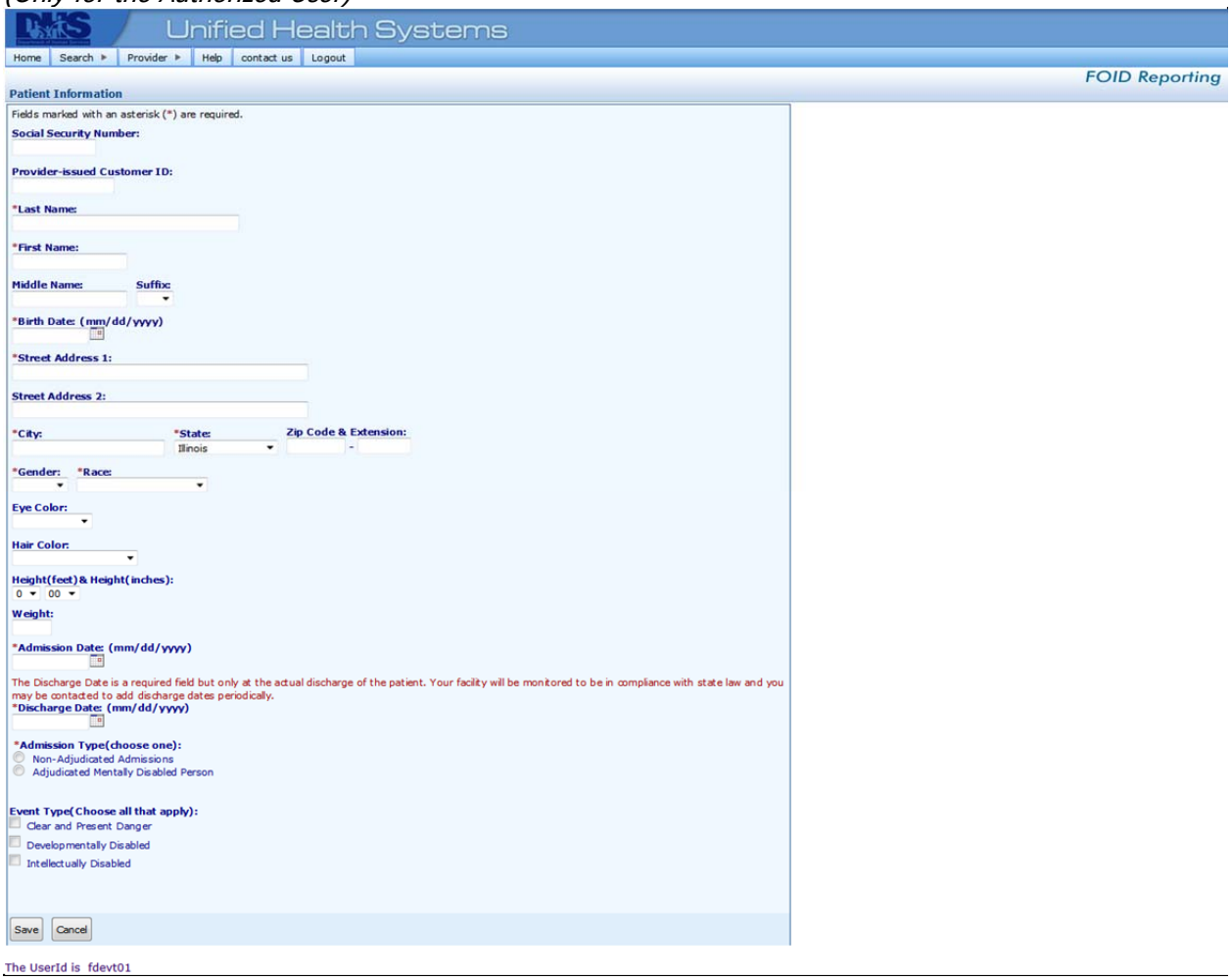
When logged in as an individual Clinician changes can only be made to the *Practice Name, Clinician's name, phone number, email address* and *legal address*.

Make any necessary changes to the Provider information and click on ***Save*** to update the record or ***Cancel*** to return to the **Home Page.**

NOTE: This page is available only for the "Primary Contact" user type and an "individual Clinician". An "Authorized User" will not have access to update the provider information.

2.3 Add Admission/Event *(Provider)*

(Only for the Authorized User)



The **Patient Information** page is displayed after selecting ***Provider*** from the menu bar and then selecting *Add Admission* from the drop down list.

Fields marked with an asterisk (*****) are required fields but it is recommended to fill in all information that is available. When entering the *Social Security Number* do not include the dashes. Select the appropriate *State, Gender* and *Race* from the drop down lists and enter all other required information. If the Customer has been discharged, enter a *Discharge Date.* The *Discharge Date* is required ONLY when a client is discharged.

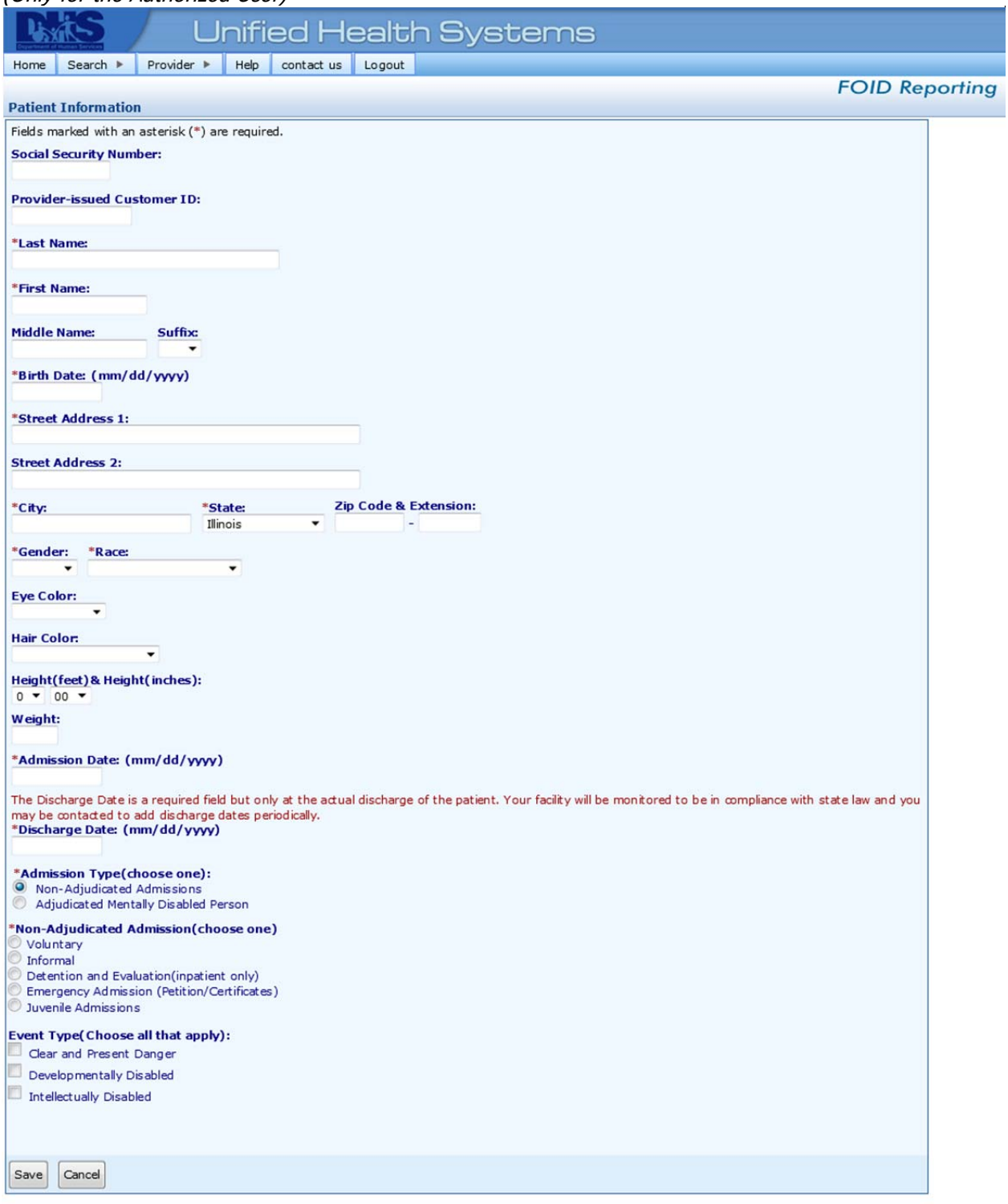
As of this release of the FOID System (December, 2013) the **Patient Information** screen has been updated to encompass the type of admission and if applicable the type of event. *(Definitions for admission type and event type may be found in APPENDIX C – Definitions.)*

Select ***Save*** to add the admission/event information. After the information has been added, the system will return to a blank **Patient Information** page to allow entry of another admission/event.

NOTE: When the ***Save*** button is clicked on the admission/event information is sent directly to the Department of Human Services. Nothing else on the part of the User has to be done to submit the data.

2.3 Add Admission/Event *(Provider)* - continued

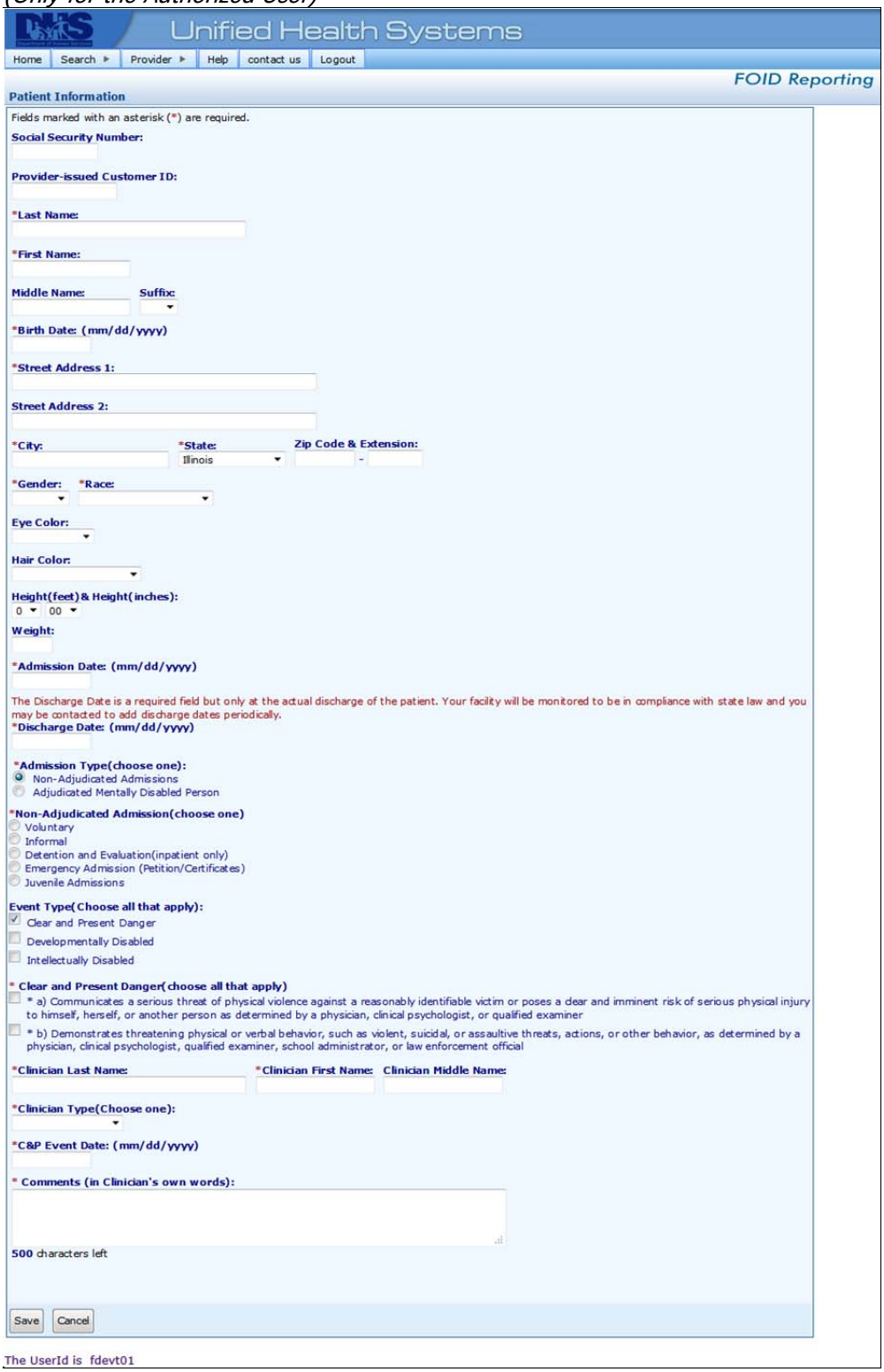
(Only for the Authorized User)



This screen shows the options for selection when an Admission Type of Non-Adjudicated are selected.

2.3 Add Admission/Event *(Provider)* - continued

(Only for the Authorized User)


Unified Health Systems
Home
Search
Provider
Help
contact us
Logout
FOID Reporting
Patient Information
Fields marked with an asterisk (*) are required.
Social Security Number:
Provider-issued Customer ID:
*Last Name:
*First Name:
Middle Name:
Suffix:
*Birth Date: (mm/dd/yyyy)
*Street Address 1:
Street Address 2:
*City:
*State:
Illinois
Zip Code & Extension:
*Gender:
*Race:
Eye Color:
Hair Color:
Height(feet) & Height(inches):
Weight:
*Admission Date: (mm/dd/yyyy)
The Discharge Date is a required field but only at the actual discharge of the patient. Your facility will be monitored to be in compliance with state law and you may be contacted to add discharge dates periodically.
*Discharge Date: (mm/dd/yyyy)
*Admission Type(choose one):
Non-Adjudicated Admissions
Adjudicated Mentally Disabled Person
*Non-Adjudicated Admission(choose one)
Voluntary
Informal
Detention and Evaluation(inpatient only)
Emergency Admission (Petition/Certificates)
Juvenile Admissions
Event Type(Choose all that apply):
Clear and Present Danger
Developmentally Disabled
Intellectually Disabled
* Clear and Present Danger(choose all that apply)
* a) Communicates a serious threat of physical violence against a reasonably identifiable victim or poses a clear and imminent risk of serious physical injury to himself, herself, or another person as determined by a physician, clinical psychologist, or qualified examiner
* b) Demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior, as determined by a physician, clinical psychologist, qualified examiner, school administrator, or law enforcement official
*Clinician Last Name:
*Clinician First Name:
Clinician Middle Name:
*Clinician Type(Choose one):
*C&P Event Date: (mm/dd/yyyy)
* Comments (in Clinician's own words):
500 characters left
Save
Cancel
The UserId is fdevt01

This screen shows the options for selection of Admission Type of "Non-Adjudicated Admissions" and Event Type of Clear and Present Danger. If Event Types of Developmentally Disabled or Intellectually Disabled are selected there will also be fields displayed for entry of their Event Dates.

2.3 Add Admission/Event *(Provider)* - continued

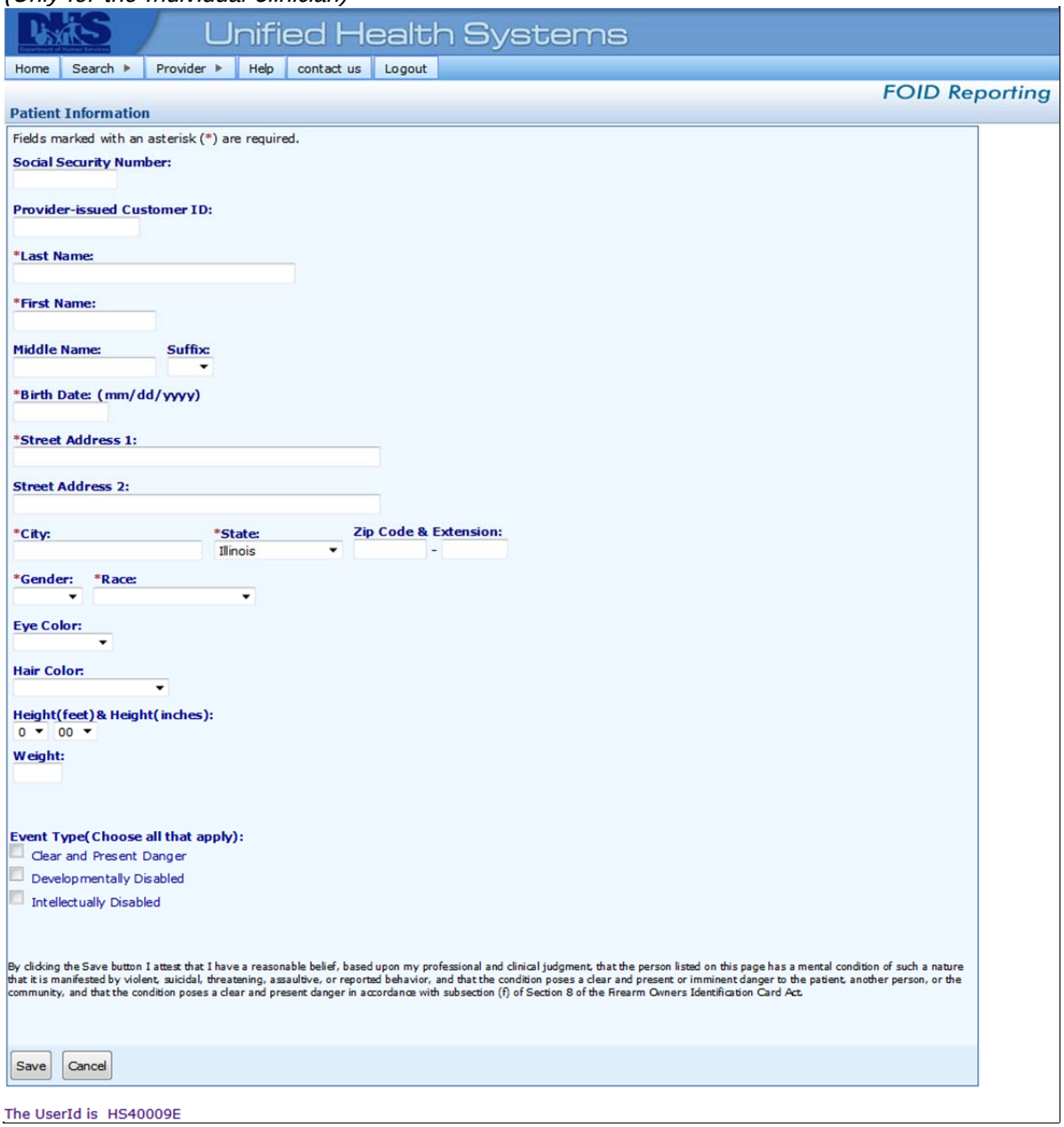
(Only for the Authorized User)

*Admission Type(choose one):
Non-Adjudicated Admissions
Adjudicated Mentally Disabled Person
*Adjudicated Admission(choose one)
Is subject to involuntary admission as an inpatient as defined in Section 1-119 of the Mental Health and Development Disabilities Code
Presents a clear and present danger to himself, herself, or to others (must be reported with 24 hours)
Lacks the mental capacity to manage his or her own affairs or is adjudicated a disabled person as defined in Section 11a-2 of the Probate Act of 1975
Is not guilty in a criminal case by reason of insanity, mental disease or defect
Is guilty but mentally ill, as provided in Section 5-2-6 of the Unified Code of Corrections
Is incompetent to stand trial in a criminal case
Is not guilty by reason of lack of mental responsibility under Articles 50a and 72b of the Uniform Code of Military Justice, 10 U.S.C. 850a, 876b
Is a sexually violent person under subsection (f) of Section 5 of the Sexually Violent Persons Commitment Act
Has been found to be a sexually dangerous person under the Sexually Dangerous Persons Act
Is unfit to stand trial under the Juvenile Court Act of 1987
Is not guilty by reason of insanity under the Juvenile Court Act of 1987
Is subject to involuntary admission as an outpatient as defined in Section 1-119.1 of the Mental Health and Developmental Disabilities Code
Is subject to judicial admission as set forth in Section 4-500 of the Mental Health and Developmental Disabilities Code
Is subject to the provisions of the Interstate Agreements on Sexually Dangerous Persons Act
*Docket Number:
*Docket Date: (mm/dd/yyyy)
*Docket County:
Event Type(Choose all that apply):
Clear and Present Danger
Developmentally Disabled
Intellectually Disabled
Save
Cancel
The UserId is fdevt01

This screen shot is the bottom half of the **Patient Information** screen. This screen shot displays the options when an *Admission Type* of "Adjudicated Mentally Disabled Person" is selected. One of the *Adjudicated Admissions* is required as well as the *Docket Number, Docket Date* and *Docket County*. If any of the *Event Types* are selected the screen will expand to include the appropriate fields for each type as shown on previous screens.

2.4 Add Event *(Clinician)*

(Only for the Individual Clinician)


Unified Health Systems
Home
Search
Provider
Help
contact us
Logout
FOID Reporting
Patient Information
Fields marked with an asterisk (*) are required.
Social Security Number:
Provider-issued Customer ID:
*Last Name:
*First Name:
Middle Name:
Suffix:
*Birth Date: (mm/dd/yyyy)
*Street Address 1:
Street Address 2:
*City:
*State:
Illinois
Zip Code & Extension:
*Gender:
*Race:
Eye Color:
Hair Color:
Height(feet) & Height(inches):
0
00
Weight:
Event Type(Choose all that apply):
Clear and Present Danger
Developmentally Disabled
Intellectually Disabled
By clicking the Save button I attest that I have a reasonable belief, based upon my professional and clinical judgment, that the person listed on this page has a mental condition of such a nature that it is manifested by violent, suicidal, threatening, assaultive, or reported behavior, and that the condition poses a clear and present or imminent danger to the patient, another person, or the community, and that the condition poses a clear and present danger in accordance with subsection (f) of Section 8 of the Firearm Owners Identification Card Act.
Save
Cancel
The UserId is HS40009E

The **Patient Information** page is displayed after selecting ***Provider*** from the menu bar and then selecting *Add Event* from the drop down list.

Fields marked with an asterisk (*****) are required fields but it is recommended to fill in all information that is available. When entering the *Social Security Number* do not include the dashes. Select the appropriate *State, Gender* and *Race* from the drop down lists and enter all other required information.

Select ***Save*** to add the event information. After the information has been added, the system will return to a blank **Patient Information** page to allow entry of another event. **NOTE:** When the ***Save*** button is clicked on the event information is sent directly to the Department of Human Services. Nothing else on the part of the User has to be done to submit the data.

2.5 Submit Admission File

(Not available for Individual Clinician reporting.)

This page is only used by Providers who choose to submit event information in batch files which have been created **outside** of the FOID System. (This will include both admissions and discharges.) The file requirements are described in detail along with the actual record layouts in Section 4 – **Batch Submission Requirements.**

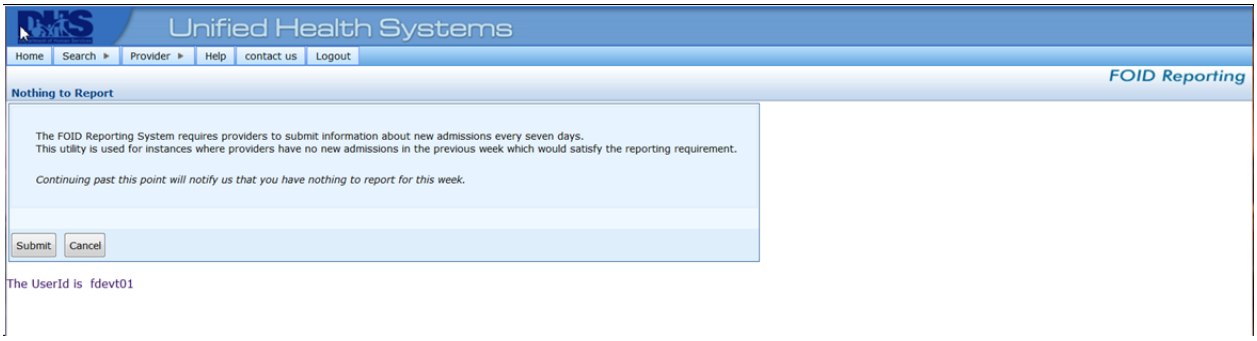
NOTE: The option is **NOT** used by those actually entering event information into the system. (Refer to Section 2.3, **Add Admission / Event.**)

The **Event File Submission** page is displayed after selecting ***Provider*** from the menu bar and then selecting *Submit Event File* from the drop down list. This page is used for the submission of a batch file containing multiple admissions. Enter a *File Path & Name* or select *Browse* to search for the file to be submitted. Select ***Submit*** to transmit the information to the Unified Health Systems.

Batch Submission requirements are located in Section 4 of this manual.

2.6 Nothing to Report

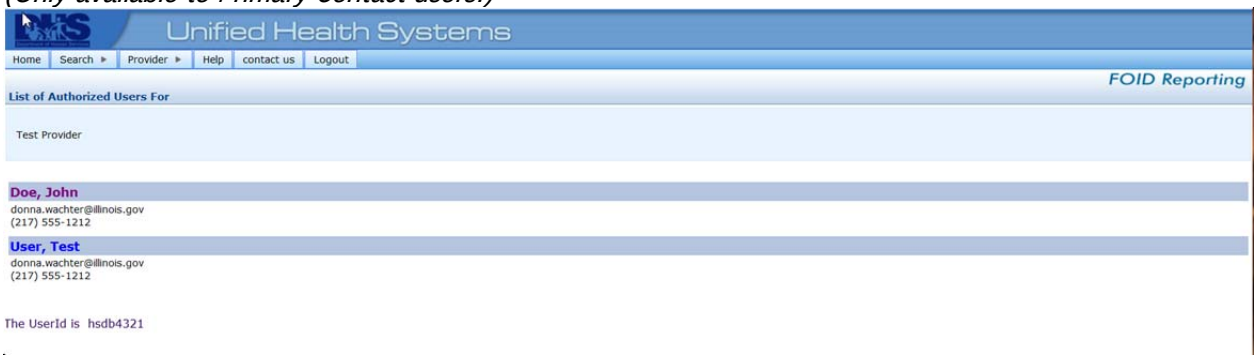
(Not available for Individual Clinician reporting.)


Unified Health Systems
Home
Search
Provider
Help
contact us
Logout
FOID Reporting
Nothing to Report
The FOID Reporting System requires providers to submit information about new admissions every seven days.
This utility is used for instances where providers have no new admissions in the previous week which would satisfy the reporting requirement.
Continuing past this point will notify us that you have nothing to report for this week.
Submit
Cancel
The UserId is fdevt01

The **Nothing to Report** page is displayed after selecting ***Provider*** from the menu bar and then selecting *Nothing to Report* from the drop down list. This page is used to inform the Department of Human Services that a provider has had no new admissions in the previous week. This satisfies the requirement requiring providers to submit information about new admissions every seven days. Select ***Submit*** to transmit the information to the Unified Health Systems.

2.7 List of Authorized Users

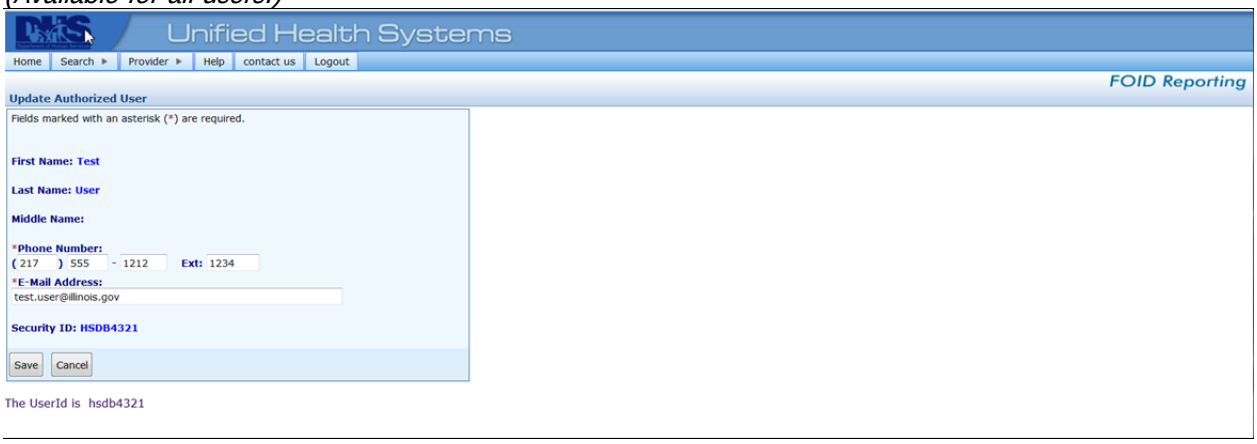
(Only available to Primary Contact users.)



The **List of Authorized Users** page is displayed only for the Primary Contact User role after selecting ***Provider*** from the menu bar and then selecting *List of Users* from the drop down list. This page displays a listing of all users who are authorized to access the FOID System for this particular provider.

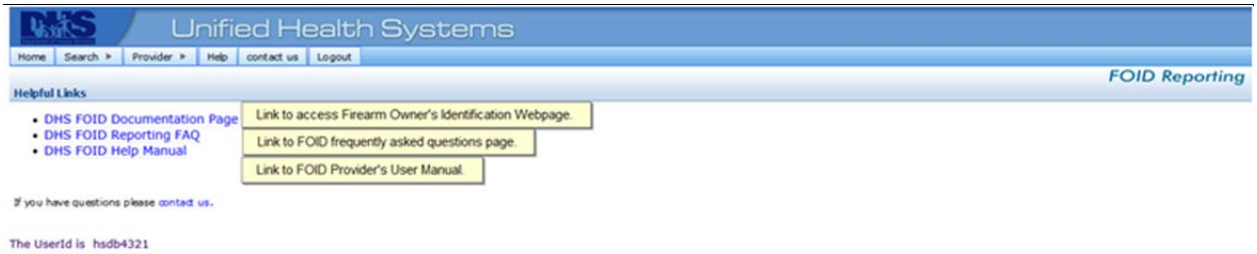
Each user name is a link that when clicked on will display the **Update Authorized User** page. Only the phone number/extension and e-mail address may be changed.

(Available for all users.)



SECTION 3 – HELP/CONTACT US

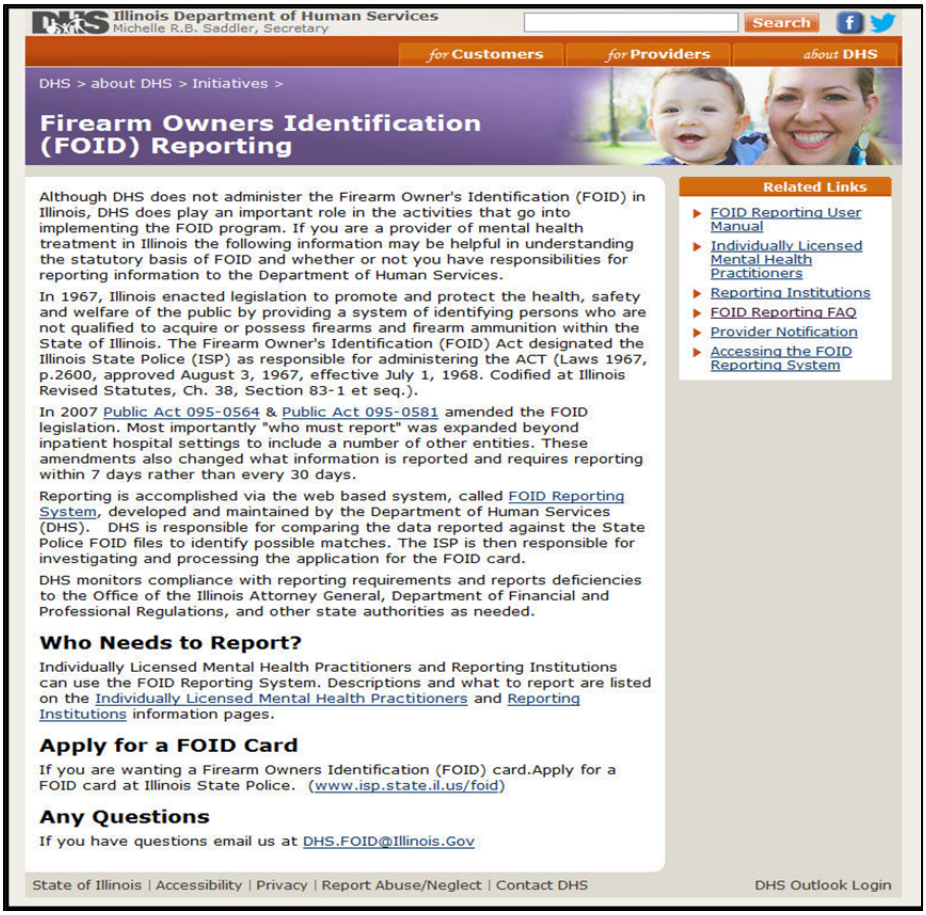
3.1 Helpful Links and Contact Us



The **Helpful Links** page is displayed after selecting ***Help*** from the menu bar. This page contains a link to access the Firearm Owners Identification web page which contains Registration forms and a link to the online manual, FAQ's (frequently asked questions) and other pertinent information.

This page also contains a *"Click Here"* link which will access the DHS.FOID@illinois.gov email.

The "**contact us**" tab will also access the DHS.FOID@illinois.gov email.


Illinois Department of Human Services
Michelle R.B. Saddler, Secretary
Search
for Customers
for Providers
about DHS
DHS > about DHS > Initiatives >
Firearm Owners Identification (FOID) Reporting
Related Links
FOID Reporting User Manual
Individually Licensed Mental Health Practitioners
Reporting Institutions
FOID Reporting FAQ
Provider Notification
Accessing the FOID Reporting System
Although DHS does not administer the Firearm Owner's Identification (FOID) in Illinois, DHS does play an important role in the activities that go into implementing the FOID program. If you are a provider of mental health treatment in Illinois the following information may be helpful in understanding the statutory basis of FOID and whether or not you have responsibilities for reporting information to the Department of Human Services.
In 1967, Illinois enacted legislation to promote and protect the health, safety and welfare of the public by providing a system of identifying persons who are not qualified to acquire or possess firearms and firearm ammunition within the State of Illinois. The Firearm Owner's Identification (FOID) Act designated the Illinois State Police (ISP) as responsible for administering the ACT (Laws 1967, p.2600, approved August 3, 1967, effective July 1, 1968. Codified at Illinois Revised Statutes, Ch. 38, Section 83-1 et seq.).
In 2007 Public Act 095-0564 & Public Act 095-0581 amended the FOID legislation. Most importantly "who must report" was expanded beyond inpatient hospital settings to include a number of other entities. These amendments also changed what information is reported and requires reporting within 7 days rather than every 30 days.
Reporting is accomplished via the web based system, called FOID Reporting System, developed and maintained by the Department of Human Services (DHS). DHS is responsible for comparing the data reported against the State Police FOID files to identify possible matches. The ISP is then responsible for investigating and processing the application for the FOID card.
DHS monitors compliance with reporting requirements and reports deficiencies to the Office of the Illinois Attorney General, Department of Financial and Professional Regulations, and other state authorities as needed.
Who Needs to Report?
Individually Licensed Mental Health Practitioners and Reporting Institutions can use the FOID Reporting System. Descriptions and what to report are listed on the Individually Licensed Mental Health Practitioners and Reporting Institutions information pages.
Apply for a FOID Card
If you are wanting a Firearm Owners Identification (FOID) card.Apply for a FOID card at Illinois State Police. (www.isp.state.il.us/foid)
Any Questions
If you have questions email us at DHS.FOID@Illinois.Gov
State of Illinois | Accessibility | Privacy | Report Abuse/Neglect | Contact DHS
DHS Outlook Login

SECTION 4 – BATCH SUBMISSION REQUIREMENTS

Valid As Of December 30, 2013

4.1 File Requirements

The "Batch Submission Requirements" document has been updated to reflect recent changes necessary to meet the final requirements of the FOID legislation. The following reflect changes to the previous "Batch Submission Requirements" document dated Nov. 5, 2013.

Changes:

1. Changed the Example Records
2. Facility Record Layout
    a. Removed the "Facility Medicaid ID #" field
3. Patient Record Layout
    a. Removed the "Facility Medicaid ID #" field
    b. Added "Patient Middle Name" field
    c. Added "Patient Name Suffix" field
    d. Changed "Patient Address" field to "Patient Address 1"
    e. Added "Patient Address 2" field
    f. Removed "Facility Patient ID" field
    g. Changed Rules for Admission Type/Event Type
    h. Added date format to "Docket Date" field
    i. Changed "County Code" field name to "Docket County Code", increased maximum field length and provided an example
    j. Added "Deletion Reason"
4. Trailer Record Layout
    a. Removed the "Facility Medicaid ID #" field
5. Appendix A
    a. Changed rules for Admission Type/Event Type
    b. Changed "Event Type" values for Admission Type 2

The batch submittal files are to be created as ASCII DOS Text Files with each field separated by ~ (tilde) and each record delimited by CR/LF(ODOA in hex format), i.e.; tilde(~) delimited fields followed by a carriage return character and a line feed character. The file name is to be 'FOID.DAT'.

There are three types of records to be submitted:

1. The Facility (H) record identifies the reporting facility, the contact person, and the number of patient records.

2. The Patient (P) record describes the patients seen at the facility during that cycle.

3. The Trailer (T) record provides file audit counts and as the last record, is followed by the end-of-file character (1A in hex format).

The general format of the files submitted to DHS should be:

A Facility (H) record is to be followed by the corresponding Patient (P) records (one per patient).
A Trailer (T) record provides file audit counts and is included at the end of each file.

******All fields are required, unless otherwise noted. The tilde (~) will still be present.

4.1 File Requirements – continued

NOTE: All filler fields have been removed from file layouts as of October 2013.

Example Facility Record:

H~MED HOSPITAL~2011 MAIN ST~SPRINGFIELD~IL~62702~JOHN PUBLIC~2175551234~1

Example Patient Record:

P~LAST NAME~FIRST NAME~MIDDLE NM~67211~M~19880629~703 COLORADO~ APT202~URBANA~IL~61801~ 20130323~20130329~03~111223333 ~1~ ~BLK ~180~511~2~16~2222222~20130927~19

Example Trailer Record:

T~PUBLIC~JOHN~2175551234~20131206~1

4.2 Facility Record Layout

Field Name	Length	Format	Description
Record Identifier	1	Alphanumeric	Value 'H'. Signifies that facility data is in this record.
Facility Name	30	Alphanumeric	Name of the facility.
Facility Address	25	Alphanumeric	Address of the facility.
Facility City	15	Alphanumeric	City of the location of the facility.
Facility State	2	Alphanumeric	Two character abbreviation of state of the location of the facility.
Facility Zip Code	9	Alphanumeric	Left justified 5 or 9 digit zip code.
Preparer Contact Person	25	Alphanumeric	Name of the appropriate person at the facility that may be contacted in case of problems.
Preparer Phone Number	10	Numeric	Area code and telephone number of the facility contact person.
Number of Patient Records	4	Numeric	The number of patient records ('P' records) following this facility record in the file.

4.3 Patient Record Layout

For Transaction Code "04" the following fields are required (all other fields are optional):

- Record Identifier
- Patient Last Name
- Patient First Name
- Date of Birth
- Sex
- Transaction Code
- Social Security Number (if originally submitted)
- Date Admitted
- Deletion Reason

Field Name	Length	Format	Description
Record Identifier	1	Alphanumeric **(required)**	Value 'P'. Signifies that patient data is in this record.
Patient Last Name	12	Alphanumeric **(required)**	Left justified last name of patient.
Patient First Name	9	Alphanumeric **(required)**	Left justified first name of patient.
Patient Middle Name	9	Alphanumeric (Optional)	Left justified middle name of patient.
Patient Name Suffix	5	Numeric (Optional)	Left justified patient's name suffix, if applicable. Valid values: 67210 – 'Sr.' Senior 67211 – 'Jr.' Junior 67212 – 'I' the first 67213 – 'II' the second 67214 – 'III' the third 67215 – 'IV' the fourth 67216 – 'V' the fifth
Sex	1	Alphanumeric **(required)**	'F' – Female 'M' – Male
Date of Birth	8	Alphanumeric **(required)**	Birth date of patient. Format – YYYYMMDD
Patient Address 1	25	Alphanumeric **(required)**	Address of the patient, first address line
Patient Address 2	25	Alphanumeric (Optional)	Address of the patient, second address line, if applicable.
Patient City	15	Alphanumeric **(required)**	City of the residence of the patient.
Patient State	2	Alphanumeric **(required)**	Two character abbreviation of state of the residence of the patient.

****Continued on next page.**

4.3 Patient Record Layout - continued

Field Name	Length	Format	Description
Patient Zip Code	9	Alphanumeric	Left justified 5 or 9 digit zip code.
Date Admitted	8	Alphanumeric **(required)**	Date patient was admitted. Format – YYYYMMDD Note: Always include this field to identify the patient for all transaction codes.
Date Discharged	8	Alphanumeric	Date patient was discharged. Format – YYYYMMDD Valid only for transaction codes 02, 03 and 05. *If transaction code = 01, leave the date discharged blank.
Transaction Code	2	Numeric	01 – New admission but not yet discharged. 02 – Discharge to previously submitted admission. 03 – Admission/Discharge in same record. 04 – Previously entered in error – remove from file. 05 – Change to a previously submitted record. NOTE: For transaction codes 02, 04 and 05 a matching record with the same Patient Last Name, Patient First Name, Date of Birth, Sex, Date Admitted, and Social Security Number (if originally submitted) must have been previously submitted to DHS.
Social Security Number	9	Numeric	This field if available should be entered to further identify the patient. If for some reason the SSN **is not available**, **leave** this field **blank**.

****Continued on next page.**

4.3 Patient Record Layout - continued

Field Name	Length	Format	Description
Race	1	Numeric **(required)**	1 - White, not of Hispanic origin. A person having origins in any of the original people of Europe, North Africa, the Middle East, or the Indian subcontinent. 2 - Black, not of Hispanic origin. A person having origins in any of the black racial groups. 3 - Hispanic, a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. 4 - American Indian, a person having origins in any of the original peoples of America, including Alaska. 5 - Asian, a person having origins in any of the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. 6 - Other, these racial/ethnic categories are those required by the Office of Civil Rights. Although the categories are intended to be mutually exclusive, a client may be included in the group to which he/she appears to belong, identifies with, or is regarded in the community as belonging.
Eye Color	3	Alphanumeric (optional)	BLK – black BRO – brown BLU – blue GRY – gray GRN – green MAR - maroon PNK – pink HAZ – hazel MUL – multicolored XXX – unknown
Hair Color	3	Alphanumeric (optional)	BAL – bald BLK – black BLN – blond BRO – brown BLU – blue GRY – gray or partially gray GRN – green ONG – orange PLE – purple RED – red or auburn PNK – pink SDY – sandy WHI - white XXX - Unknown

****Continued on next page.**

4.3 Patient Record Layout - continued

Field Name	Length	Format	Description
Weight	3	Numeric (optional)	3 characters for the recipient's physical weight in Pounds.
Height	3	Numeric (optional)	One digit for the number of feet in the recipient's current height and two digits for the number of inches in the recipient's current height.
Admission Type	1	Numeric	**See Appendix A - Admission Type\Event Type Values.**
Event Type	2	Numeric	**See Appendix A - Admission Type\Event Type Values.**
Docket Number	20	Alphanumeric	**Required** for Adjudicated Mentally Disabled Person **(Admission Type =2)**
Docket Date	8	Alphanumeric	**Required** for Adjudicated Mentally Disabled Person **(Admission Type =2)** Format – YYYYMMDD
Docket County Code	4	Numeric	**Required** for Adjudicated Mentally Disabled Person **(Admission Type =2) See Appendix B – Docket County Codes** Provide the 1, 2, 3 or 4 digit code exactly as depicted on Appendix B (with no zero fill). Example: 43 would be used for DuPage County.
Deletion Reason	250	Alphanumeric	Reason for deleting this patient / admission entry. **Required** for Transaction Code 04

4.4 Trailer Record Layout

Field Name	Length	Format	Description
Record Identifier	1	Alphanumeric	Value 'T'. Signifies that this record is the last data record on file.
Preparer Last Name	12	Alphanumeric	Left justified last name of preparer.
Preparer First Name	9	Alphanumeric	Left justified first name of preparer.
Preparer Phone Number	10	Alphanumeric	Telephone number of preparer. Area code followed by 7 digit phone number. NOTE: Preparer information should match the 'Preparer Contact' person information.
Date Prepared	8	Alphanumeric	Date data was prepared to send. Format – YYYYMMDD
Number of Patient Records	4	Numeric	The number of patient records ('P' records) contained in this file. (Agrees with the count of patients in the 'H' record.)

Appendix A

Admission Type\Event Type Values

NOTE: Only one Admission Type is permitted per Patient and Date Admitted. Only one Event Type is permitted per Patient, Date Admitted, and Admission Type.

Admission Type 1 - Non-Adjudicated Admissions (*not court ordered).*

<table>
<tr><th>Value (Admission Type)</th><th>Description</th></tr>
<tr><td>1</td><td>Non-Adjudicated Admissions (Only report one Event Type per Patient and Date Admitted)
<table>
<tr><th>Event Type</th><th>Description</th></tr>
<tr><td>6</td><td>Voluntary</td></tr>
<tr><td>7</td><td>Informal</td></tr>
<tr><td>8</td><td>Detention and Evaluation (inpatient only)</td></tr>
<tr><td>9</td><td>Emergency Admission (Petition/Certificates)</td></tr>
<tr><td>10</td><td>Juvenile Admissions</td></tr>
</table></td></tr>
</table>

**Continued on next page.

Admission Type\Event Type Values – continued

Admission Type 2 - Adjudicated Mentally Disabled Person (*court ordered)*

Value (Admission Type)	Description
2	Adjudicated Mentally Disabled Person (Only report one Event Type per Patient and Date Admitted)

Event Type	Description
11	Is subject to involuntary admission as an inpatient as defined in Section 1-119 of the Mental Health and Development Disabilities Code.
12	Presents a clear and present danger to himself, herself, or to others (must be reported within 24 hours).
13	Lacks the mental capacity to manage his or her own affairs or is adjudicated a disabled person as defined in Section 11a-2 of the Probate Act of 1975.
14	Is not guilty in a criminal case by reason of insanity, mental disease or defect.
15	Is guilty but mentally ill, as provided in Section 5-2-6 of the Unified Code of Corrections.
16	Is incompetent to stand trial in a criminal case.
17	Is not guilty by reason of lack of mental responsibility under Articles 50a and 72b of the Uniform Code of Military Justice, 10 U.S.C. 850a, 876b.
18	Is a sexually violent person under subsection (f) of Section 5 of the Sexually Violent Persons Commitment Act.
19	Has been found to be a sexually dangerous person under the Sexually Dangerous Persons Act.
20	Is unfit to stand trial under the Juvenile Court Act of 1987.
21	Is not guilty by reason of insanity under the Juvenile Court Act of 1987.
22	Is subject to involuntary admission as an outpatient as defined in Section 1-119.1 of the Mental Health and Developmental Disabilities Code.
23	Is subject to judicial admission as set forth in Section 4-500 of the Mental Health and Developmental Disabilities Code.
24	Is subject to the provisions of the Interstate Agreements on Sexually Dangerous Persons Act.

Appendix B

Docket County Codes

Required for Adjudicated Mentally Disabled Person

FIPS COUNTY CODE	COUNTY NAME
0	Unknown
1	Adams
3	Alexander
5	Bond
7	Boone
9	Brown
11	Bureau
13	Calhoun
15	Carroll
17	Cass
19	Champaign
21	Christian
23	Clark
25	Clay
27	Clinton
29	Coles
31	Cook
32	Cook/Chi
33	Crawford
35	Cumberland
37	DeKalb
39	DeWitt
41	Douglas
43	DuPage
45	Edgar
47	Edwards
49	Effingham
51	Fayette
53	Ford
55	Franklin
57	Fulton
59	Gallatin
61	Greene
63	Grundy
65	Hamilton

**Continued on next page.

Docket County Codes - continued

FIPS COUNTY CODE	COUNTY NAME
67	Hancock
69	Hardin
71	Henderson
73	Henry
75	Iroquois
77	Jackson
79	Jasper
81	Jefferson
83	Jersey
85	Jo Daviess
87	Johnson
89	Kane
91	Kankakee
93	Kendall
95	Knox
99	LaSalle
97	Lake
101	Lawrence
103	Lee
105	Livingston
107	Logan
109	McDonough
111	McHenry
113	McLean
115	Macon
117	Macoupin
119	Madison
121	Marion
123	Marshall
125	Mason
127	Massac
129	Menard
131	Mercer
133	Monroe
135	Montgomery
137	Morgan
139	Moultrie
141	Ogle
143	Peoria

**Continued on next page.

Docket County Codes - continued

FIPS COUNTY CODE	COUNTY NAME
145	Perry
147	Piatt
149	Pike
151	Pope
153	Pulaski
155	Putnam
157	Randolph
159	Richland
161	Rock Island
163	St Clair
165	Saline
167	Sangamon
169	Schuyler
171	Scott
173	Shelby
175	Stark
177	Stephenson
179	Tazewell
181	Union
183	Vermillion
185	Wabash
187	Warren
189	Washington
191	Wayne
193	White
195	Whiteside
197	Will
199	Williamson
201	Winnebago
203	Woodford
1030	Out of State
9999	Unknown

APPENDIX C

Definitions

Primary Contact User	The individual to be contacted for a Provider if any questions arise.
Authorized User	User authorized by a Provider to enter and submit admission/event information.
Individual Clinician	A Clinician who assesses the client and submits their own reporting to the Department of Human Services.
Admission Date	An admission date is the date the client became an inpatient to a facility.
Admission Type	The admission type may be Non-Adjudicated (*not court ordered*) or Adjudicated (*court ordered*). **See Appendix A – Admission Type\Event Type Values.**
Event Date	An event is a patient episode and can be experienced by an inpatient or an outpatient.
Event Type	The type of event may include Clear and Present Danger, Developmentally Disabled or Intellectually Disabled.
Clear and Present Danger	There are two types of Clear and Present Danger: 1 - Communicates a serious threat of physical violence against a reasonably identifiable victim or poses a clear and imminent risk of serious physical injury to himself, herself, or another person as determined by a physician, clinical psychologist, or qualified examiner; or 2 - Demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior, as determined by a physician, clinical psychologist, qualified examiner, school administrator, or law enforcement official. (FOID Act, 430 ILCS 65/1.1)
Developmentally Disabled	A disability which is attributable to any other condition which results in impairment similar to that caused by an intellectual disability and which requires services similar to those required by intellectually disabled persons. The disability must originate before the age of 18 years, be expected to continue indefinitely, and constitute a substantial handicap.
Intellectually Disabled	A disability which is attributable to any other condition which results in impairment similar to that caused by an intellectual disability and which requires services similar to those required by intellectually disabled persons. The disability must originate before the age of 18 years, be expected to continue indefinitely, and constitute a substantial handicap.